



Bib Data Sheet


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|--|---|----------------------------------|---|--------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/579,466   | <b>FILING DATE</b><br>05/26/2000<br><b>RULE</b> -   | <b>CLASS</b><br>348              | <b>GROUP ART UNIT</b><br>2712   | <b>ATTORNEY DOCKET NO.</b><br>P19105 |                                |
| <b>APPLICANTS</b><br>Koichi Sato, Saitama, JAPAN;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 11-150544 05/28/1999<br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 07/20/2000</b> -   |   |                                  |   |                                      |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>13   | <b>TOTAL CLAIMS</b><br>9             | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>7055   |   |                                  |   |                                      |                                |
| <b>TITLE</b><br>Apparatus for driving an image device  |   |                                  |   |                                      |                                |
| <b>FILING FEE RECEIVED</b><br>690  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                      |                                |